

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90148 032 ****61.25

DOCUMENT # N13109

1. Entity Name

ORANGE BLOSSOM OPEN, INC.

R

Principal Place of Business

2176 A CORINNE CT. S.
 ST. PETERSBURG FL 33712
 US

Mailing Address

ORANGE BLOSSOM CLASSIC
 P. O. BOX 238
 ST. PETERSBURG FL 33731
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1298276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERMATINGER, BILL
 2176 A CORINNE CT. SO.
 ST PETERBURG FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTI, NICHOLAS J.	
STREET ADDRESS	4801 58TH AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ULRICH, RICHARD G.	
STREET ADDRESS	140-15TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, ROBERT S	
STREET ADDRESS	2060 5TH AVE N	
CITY-ST-ZIP	ST PETERBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEFFRIES, RAY	
STREET ADDRESS	2983 TEAL LANE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	T	<input type="checkbox"/> Delete
NAME	GASSNER, ELLIOTT S	
STREET ADDRESS	2110 4TH ST NO	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCARTHY, VAUGNN	
STREET ADDRESS	6625 CORMORANT CT	
CITY-ST-ZIP	ST PETERSBURG FL 33707	

TITLE	RICHARD HOPE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD HOPE	
STREET ADDRESS	800 14th AVE. NO.	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Eschenfelder, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00

Date

727 8966146

Daytime Phone #

CR2E037 (5/00)